

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service, 01/08/02, 01/09/02, and 01/11/02.
- b. The request was received on 03/20/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA-1500
 - c. EOBs
 - d. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 05/29/02. There is no response from the Requestor in the file.
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

There is not a carrier sign sheet noted in the dispute packet. There are no carrier responses in the case file.

III. PARTIES' POSITIONS

1. Requestor: Undated Letter:

"We take pride in the thoroughness of our documentation process. We also pay special attention to always provide documentation to justify the medical necessity of our services....we are requesting that the carrier complete a simple questionnaire found in our Request for Reconsideration....this questionnaire will better prepare the involved parties to discuss and come to a resolution concerning this matter based upon TWCC laws and guidelines. The carrier did not fill out our questions; consequently, this office may ask that Compliance and Practice to if this can be taken as a violation of the above laws because a good faith effort was not taken to resolve this....Per Rule 134.600 which became effective January 1, 2002 this therapy no longer requires preauthorization....Our documentation states that one on one was given to the patient and it also indicates why it was given to the patient and should therefore be paid in accordance with the TWCC guidelines....This facility has have [sic] taken a vast amount of time to summarize and verify its position for each of the specific denials, research the applicable laws, provide additional explanation for necessity of the services it rendered, and present them in an easy to understand format."

2. Respondent: No Response.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review is 01/08/02, 01/09/02, and 01/11/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the provider's TWCC-60, the provider billed the carrier \$671.00.
4. Per the provider's TWCC-60, the carrier paid the provider \$0.00.
5. Per the provider's TWCC-60, the amount in dispute is \$671.00.
6. Per the provider's Table of Disputed Services, the CPT codes in dispute are 97124, 97022-22, and 97110.

V. RATIONALE

Medical Review Division's rationale:

The carrier denied the charges by denial code, "A- THIS PROCEDURE /SUPPLY MUST BE PRE-AUTHORIZED IN ACCORDANCE WITH TWCC RULE 134.600. ALSO SUPPLIES ASSOC W/ UNAUTHORIZED PROC/SUP ARE DISALLOWED." The Medical Review Division's decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed.

When determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. After review of the dispute file, no documentation was noted to support the services billed. **No** additional reimbursement is recommended.

The above Findings and Decision are hereby issued this 30th day of August 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.